

BREAKING GROUND



The Disability & Aging Issue

CONTENTS

- 3 A Caregiving Journey
- 5 How Respite Care Can Help
- 6 77 Looms Ahead
- 7 Supporting the Transitions of Late Adulthood
- 8 Living with Home and Community Based Care
- 9 MegaConference and Partners in Policymaking
- 10 Aging and Disability Resources
- 11 The Tennessee Aging Network
- 12 The Future Is Now
- 13 Aging Family Caregivers: Needs and Policy Concerns
- 14 Tennessee State Fire Marshal Uses Tools,
Collaboration to Improve Safety Across State
- 15 Annual Arts Issue
- 16 News from Pathfinder
- 16 Fulfill the Promise Update
- 18 Tennessee Spotlight

CONTACT INFORMATION



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The Bryan Family



Photos by Beth Waller

Back row L to R: Jennifer, Pam, Stefanie, Kerry; Front row: John

The Shaw Family



Back L to R: Sue, Butch; Front L to R: Becca, Bill, Kathy

A CAREGIVING JOURNEY

BY PAM BRYAN & SUE SHAW

Two mothers, two caregivers, two families, two journeys...but the path is the same. The path is that of long-term caregiving. It includes the joys of caring for our loved ones, and the concerns related to aging and the caregiver.

THE BRYAN FAMILY (KERRY, PAM, JOHN, JENNIFER, & STEFANIE)

October 31, 1995, started like every other weekday; it would end like nothing we ever imagined. That afternoon, our 13-year-old son, John, was in a car accident on the way home from school. Fortunately, two off-duty LifeFlight nurses drove up minutes after it happened and immediately began life saving procedures on John. He was transported by LifeFlight to Vanderbilt Hospital. He had sustained a severe brain injury, a spinal cord injury and severe abdominal injuries. I learned of the accident when a police officer came to my door to take me to the hospital. This is where our family's caregiving journey began.

Over the next few weeks, one of the most important pieces of advice we received was *be sure and take care of yourselves, because this is going to be a long journey. John is going to need you every step of the way.* My husband, Kerry, and I quickly learned to care for John's many medical needs, as well as to manage insurance, emergency room visits and hospital admissions, and to coordinate between the seven doctors and specialists providing John's care.

I have been a caregiver for 13 years now. When my son was a teenager and I was a young mother in her 30's, the role of caregiver was easier, both physically and emotionally. Now I am concerned about both the present and the future. Today, my health is as much of a concern as my son's. Fatigue is one of my biggest issues, as I try to juggle work, family and caregiving.

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THE SHAW FAMILY (BUTCH, SUE, KATHY, BILL, & BECCA)

At the age of 17, our son, Bill, was in a car accident and sustained a severe traumatic brain injury. That was 20 years ago. Today, Bill is non-verbal and uses signs, gestures and an augmentative device to communicate. He also uses a wheelchair for mobility.

I returned to college after our children were in school and received an Associate in Applied Science degree in Physical Therapy (PT). I had been working at Nashville Memorial Hospital for a year when Bill was injured in 1988.

When your loved one is injured, it changes the lives of everyone in the family, not just the family member who was injured. I was no longer the professional PT Assistant working with injured patients, I was now personally involved. Although “book learning” can prepare you for your career and can teach you many things, it cannot prepare you for caring for a loved one with a brain injury and the entire emotional trauma that affects the whole family. My husband, Butch, was in the Air National Guard at the time of the accident (now retired after 20 years). At the time of Bill’s accident, Butch would be out on active duty trips two or three times a year. After the accident, he had to stop going on these active duty trips for several years in order to help care for Bill.

Our daughters’ lives also were changed after the accident. At first they had to try to continue in school while their parents were keeping vigil at the hospital and rehabilitation facilities. Long term, they learned how much time and energy was involved in caregiving and are beginning to think of the future as their parents become older.

But what exactly does it mean to be a family caregiver, especially when both you and your loved one are beginning to age?

The role of caregiving represents providing emotional support, physical care, advocacy and so much more. It includes setting realistic goals and planning for the future, trusting your instincts, loving and believing in yourself, laughing, maintaining your health, keeping your life in balance, taking a break, accepting help and knowing that you are not alone.

Setting realistic goals and planning for the future

At some point, as a long-term caregiver, you realize that this is a role you will have for a lifetime and you begin to think, “How do I prepare for the future?” There are issues of financial planning and guardianship. While we and all family caregivers hope to be around forever and continue to provide the needed care, the reality is that sometime in the future we may need to relinquish the responsibility to someone else. In both our families, our daughters may have the responsibility of not only caring for their aging parents, but also providing the necessary care for their brothers.

Keeping a notebook of important information, such as medications, physicians’ names and contact information, daily routines and activities, etc., will be very useful and helpful when the day comes that someone else will be responsible for our care and the care of our sons.

Accepting help

It didn’t take us long to learn that we can’t do everything ourselves. As mothers, it is so easy to put everyone’s needs before our own — we’ve been doing that from the birth of our first children. Learning to accept help is not always easy but is very important. We both have our sons on the Aging and Disability Waiver administered by the Tennessee Commission on Aging and Disability. For me (Pam) the hardest part was learning to not frantically clean the house before the homemaker cleaning person arrived. My daughter asked me once why I did that, and my reply was to help them not have so much to do. My daughter said that she thought that was what the cleaning person was supposed to provide for me...*help*.

Please remember that you do not have to do it all! This can lead to exhaustion, depression and failing health that could signal caregiver burnout.

Laughing

Laughter really is the best medicine. Laughter can release tension, ease pain, elevate your mood and, in general, improve your outlook on life. Try to find humor in your everyday life. During his many hospitalizations, John always loved when the nurses would enter his room and ask him if there was anything he needed. His list always included a million dollars, girls and a new car.

Knowing you’re not alone

This is best said through a quote from former First Lady Rosalyn Carter in her book, *Helping Yourself Help*:

“There are only four kinds of people in this world. Those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers.”

Caregiving has been very rewarding and meaningful and has given both of us self-confidence and a sense of pride. We also have experienced fatigue, stress and the feeling of being overwhelmed. The most important thing to remember is, when *your* needs are taken care of, the person you care for will benefit too.

Pam Bryan is the interim executive director of the Brain Injury Association of Tennessee and a graduate of Partners in Policymaking (04-05)

Sue Shaw has been a tireless advocate for her son and other traumatic brain injury survivors and is a Partners in Policymaking graduate (97-98)

HOW RESPITE CARE CAN HELP

BY KELLY TIPLER

When you think of a caregiver, you think of someone loving, dedicated, strong, and able to manage their loved ones needs. In reality, many caregivers have their own challenges, which can make their situations even more difficult.

Earlene Jones was taking care of her mother, who was aging and fighting Alzheimer's. At the same, she was dealing with her own health issues, a condition called "collapsed feet"—essentially what happens when the bone structure of the foot is failing—which, in Earlene's case, caused neuropathy in her left foot. Despite this, Earlene and her family, along with the help of her siblings' families, were determined to keep their mother among family and at her own home in Columbia, Tennessee, as long as possible.

Family members would check in on her, bring her meals, spend days and sometimes nights. Soon, the need to be there turned into several consecutive days and nights, and Earlene found herself away from her own home too often. Soon after, the family decided to bring their mother to Earlene's.

Earlene thought it would be a two-week stay, to get her mother "back on her feet" so that she could go back home to Columbia. Unfortunately, her mother was never able to return home and it became very evident that constant care was needed to keep her mother safe and healthy.

For anyone diagnosed with Alzheimer's, there comes a point where 24-hour care is needed. Earlene's family couldn't bear the thought of their mother going into a nursing facility. She said, "My brothers and I discussed it, and we just said no, we couldn't do it." So in order to keep their mother around her family, Earlene's home was the best solution.

Earlene became her mother's primary caregiver, day in and day out. She did have some help and relief from her husband and her brother's family, but the main responsibilities fell to her. These responsibilities included meeting daily activity needs, personal care and nutrition and, as the disease progressed, lifting and turning. Even though it was very difficult, and probably made her own health challenges worse, Earlene pressed on.

For over three years, Earlene provided around-the-clock care for her mother and rarely left the house. "My husband and I couldn't go to church together anymore," Earlene told us. "Our special time together was when he brought a meal home for us to share. Sometimes he would stay with Mom so I could go to church."

Eventually Earlene received respite services and support through the Tennessee Respite Coalition (TRC) and the Area Agency on Aging



Lillian Harlan and Earlene Jones

and Disability. Respite is temporary relief for caregivers and families. Basically, care is provided to loved ones while their family caregivers take time away. Respite is a necessity for family caregivers, not a luxury. It is essential in keeping families together and ensures that people with special needs receive the best, most loving care possible.

Respite is critical in maintaining quality of life for families and often is referred to as the gift of time. It strengthens a caregiver's ability to continue to provide care in the home, supports family stability and well-being, and helps prevent a crisis. When asked what respite meant to her, Earlene said, "It's hard to put into words. Without respite services there was no way that I could have done it. There is so much that is needed when caregiving, and respite was vital to being able to continue."

The TRC, along with many collaborative partners, provides respite and support to family caregivers. Often, families are able to get a voucher or an ongoing voucher that provides funding for respite. The TRC prefers to deliver respite "family directed style", which basically means that the family chooses who provides their respite, when and where is best for them. The TRC provides funding and guidance through the process. In Earlene's case, she was able to use those she trusted most—friends, family and other Respite providers recommended through her natural networks.

For more information on this respite service or any other caregiving assistance, contact the TRC helpline at 1-888-579-3754, e-mail info@tnrespice.org, or visit our Web site at www.tnrespice.org.

Kelly Tipler is executive director of the Tennessee Respite Coalition

77 LOOMS AHEAD

BY JACKIE PAGE

As the years slip up on all of us, if you happen to have a disability, they could run you over.

There have been several times in my life when I wasn't expected to make the next day. But I fooled them. I'm still here. I did that again the first of this year. And I'm still here.

Many thought that my obtaining an education would not lead to anything. My rehab counselor thought I was crazy. But I've been employed. I own my own home. And I'm still here.

I've had good friends who have helped me along the way. Many are no longer with me. But I'm still here.

To be employed and to have my own home, I needed people to live with me, to do the physical things I would verbally share with them how to do. When my mother died, many wondered how I could possibly manage on my own—but actually, I was the one who kept us together emotionally and I did manage on my own. And I'm still here.

Many people who are in their 70s reflect back over the years, but when you have a significant physical disability, you truly reflect back on those persons who have supported you in being independent.

When I was employed, I could afford a personal care attendant who lived with me. Care was more affordable because I had more income and I needed care fewer hours of the day. Once I retired, I was home more. I needed assistance in the middle of the day. So I had to plan to be someplace where someone could assist me or an attendant had to be available.

Later, when I became ill, my whole world turned upside down. To be safe, I needed people around even more often. I had to make the mental adjustment that I no longer had the intestinal fortitude that others once said I had. It was difficult to accept that I could no longer go full tilt from early in the morning until late at night. This meant that I needed someone with me more hours than ever before. The cost of such care, in combination with a mortgage and living expenses, exceeded my retirement income.

Today I'm living in a facility for seniors licensed for independent living. I occupy a shared apartment on a floor for which an agency provides supported care. My home is now on the market. For someone who thought she would never be employed, owning my own home, selecting the furniture, decorating the way I wanted—it meant everything. I did it. And I'm still here, having done it. But it makes



having to move out and sell my home all the greater a loss. One of the last times I was in my home, I powered my chair into my bedroom and saw it painted the neutral shade that the agent had recommended for home sale instead of the lovely mauve I had chosen. I lost it emotionally and cried.

Aging for people with disabilities means even more changes and much less independence than for the average person reaching 77. And it hurts. But I'm still here.

But being here would be so much easier if there were needed services, most especially funding for reliable individuals to provide personal services that would enable a person to keep a home and to live according to one's own choices—not forced into being dependent on people who don't understand what it's like to have had a life-long disability and, at one time, to have been emotionally independent. In the past, it seemed as if I was doing everything for myself. Today I would like to sit here and cry.

What keeps me going? Friends. Faith. And my faith family.

And I'm still here.

Jackie Page has been a tireless advocate for people with disabilities and was instrumental in the establishment of several programs in Davidson County.

SUPPORTING THE TRANSITIONS OF LATE ADULTHOOD

BY JAN ROSEMERGY

For those of us whose lives are grounded in the disability community, we are accustomed to “transition” referring to a transition from early childhood/early intervention to school, and again from school to adulthood. Typically, we have not thought of the late adulthood transitions of aging, perhaps because in the past fewer persons with disabilities had as long a lifespan as those without disabilities. That fact is changing—but our systems of care are not keeping pace.

The national dimensions of aging and disability are difficult to assess because of inadequate data collection, but some statistics illustrate the looming challenges to disability service systems. Over 710,000 adults with intellectual disabilities live at home with elderly (over age 60) caregivers in the U.S., although the number is sometimes reported to be closer to 850,000. The number of adults age 60 years and older with developmental disabilities in the U.S. is expected to reach 1.5 million by 2030.

I invite you to read “77 Looming” by Jackie Page for a first-hand perspective on what aging means for individuals with life-long severe disabilities. Later in this article, I will share some of the ways she has been supported during the recent difficult transitions in her life.

The challenges of aging are not unique to those with disabilities. All experience the loss, to some degree, of physical and cognitive abilities. We lose family members and friends. We face the constraints of meeting increased living costs on fixed retirement incomes. Many make the decision to sell their homes and move to assisted-living communities.

Yet there are painful differences for those with disabilities. If disabilities have compromised one’s physical or cognitive abilities over a lifetime, the loss of abilities may be felt even more acutely as independence is decreased even more. When one is dependent on accessible public transportation, aging and illness make it ever more difficult to be engaged in the community, to make new friends, to maintain friendships, even to remain connected to one’s faith home.

Individuals with disabilities during adulthood are more frequently unemployed or underemployed, and thus have even less income than typical retirees to maintain themselves financially upon retirement. Health care costs are likely to be even greater for those with disabilities than for the average retiree. When owning a home and living independently is a dream achieved at great cost and energy and determination, its loss is felt even more deeply—and selling one’s home is likely not to be a true choice but one forced by the increased need for care and inadequate services to maintain home living.

Assisted living facilities—a common solution for seniors with age-related disabilities—do not accept individuals who are unable to

evacuate a facility independently in the event of an emergency. For the many with disabilities who cannot meet that criterion, the only choice may be nursing homes. Recently, the media has reported the poor quality of care in Tennessee nursing homes in comparison to those in other states. What is even more difficult to assess is whether nursing homes are nondiscriminatory with respect to admission of individuals with severe disabilities.

The disability community needs to work together with public service systems to find creative ways to support seniors with disabilities. The following recommendations are but a beginning point for discussion and action.

1. Advocate forcefully for federal and state legislation for funding for personal attendant care.

The disability community has long pursued the goal of public funding to assist with the costs of personal care attendants, which enables individuals to obtain higher education and to be employed. Even in retirement, costs for home attendants would be less than costs of care in nursing homes.

2. Create a support team.

Care of an aging loved one, with or without a disability, can overwhelm a single caregiver. In addition, it is increasingly common that individuals with severe, life-long disabilities are living longer than parents or other close family members who have provided care over their lifetimes. One strategy may be to identify those among family members, friends and faith community who have the commitment and skills to work together as a team.

To illustrate, a team of long-time friends in the disability community have supported Jackie Page during the last three years. Jackie’s only remaining relatives are cousins who live on the East Coast whom she has not seen in many years. Our team has five “core” members who are in weekly, sometimes even daily, communication with one another by e-mail and by phone or in person with Jackie. Although we are all busy with our own professional and personal lives, together we can manage what no one of us could manage alone.

When there have been emergency hospitalizations, one of the five of us has always been available. When we needed medical expertise, a nurse health practitioner from Jackie’s congregation joined our team for a time. When skilled nursing care was needed following hospital discharges, team members conducted research on quality assessments and visited facilities, working in coordination with assigned social workers. We have 24/7 contact information for each of us on an information sheet that Jackie has posted in her room and that we give to all those who provide care to her.

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When Jackie decided to put her home on the market, a team member used her professional network to identify an experienced real estate agent who had served on the board of a disability organization and had a service commitment. As a team, we worked with Jackie to move, store or dispose of her furnishings. Another team member, skilled in home maintenance and repair, did the work necessary to place the home on the market. As needed, we each have called on other friends in Jackie's circle to supplement our efforts.

One team member set up a Yahoo calendar so that we can coordinate daily visits from Jackie's circle of friends and her faith community. And Jackie's friends and faith community have been steadfast. They have visited her regularly, brought her books on tape, kept her supplied with dark chocolate, brought pets and children to visit, sent cards and flowers, and efficiently organized her belongings in her smaller living space.

3. Have and update Power of Attorney for Health Care and Living Will.

Those with disabilities too often have experienced loss of control

of their lives. Although every one of us need to prepare well for life's final transitions, it is especially important for individuals with disabilities to prepare in order to assure that their wishes are followed. See resource articles on pages 10 and 16 for details.

4. Know resources.

If you have a disability and have lived to be "a senior", then you know all about the importance of being well-informed about resources and supports—so now learn and use those unique to this stage of life transition. It may be especially important to learn about those resources that can help in the gap between having an income low enough to qualify for Medicaid but not affluent enough to cover all one's own care. For specifics on resources nationally and in Tennessee, see other articles in this special issue of *Breaking Ground*.

Aging seems to be the last big challenge that life hands us. But as the late comedian George Burns, who lived to be 100, said—aging beats the alternative.

Jan Rosemergy, PhD, is director of Communications and Dissemination, Vanderbilt Kennedy Center for Excellence in Developmental Disabilities

LIVING WITH HOME AND COMMUNITY BASED CARE

BY RANDY OLIVER

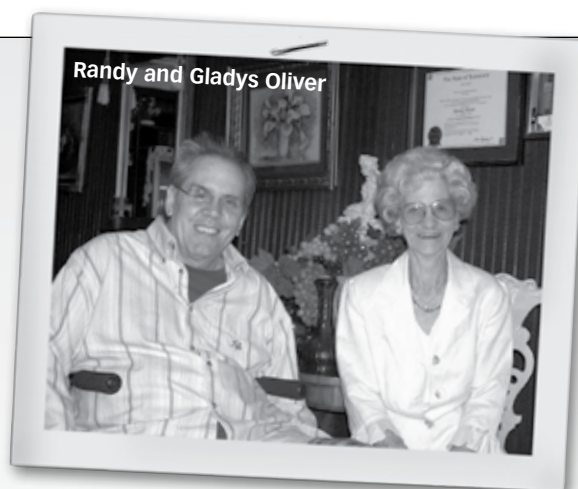
I am enrolled in and receiving services from the OPTIONS for Community Living

Program administered by the Tennessee Commission on Aging and Disability. The program works pretty well for me, but there have been some challenges.

The program is designed to support individuals in bathing, dressing, cooking, light house cleaning, running errands to the grocery or drug store and paying bills. The staff can take you to any doctor or dentist appointments, and they provide home meal delivery. I have a case manager who comes to my home once a month to check in, to see how the caregivers are working out, if I have any questions or concerns, or if changes need to be made in my particular support services.

At first it was difficult for me, as a 52-year-old person, to let a total stranger come into my home and to give them personal information on how to take over my care. Things like dressing and showering that a family member has been doing for me for a lot of my life.

This service gives caregivers a break, so they can do some things on their own and have some respite from the demands of providing care to their family member. In my case, it was difficult for my parent to turn over my total care. It was hard to just stand back and not feel the



need to show and help in some way, or to believe things were getting done as she would do it.

In the beginning, the hardest part for me was getting a support person who I could depend on to be here on time every day, to get me dressed, up and out of bed—or, in some cases, to even show up at all. This is a problem that I still have occasionally, but it's gotten better. It was also very challenging when some of the caregivers were not well-trained in transfers, were not able to do transfers at all, or had little knowledge of what their duties were supposed to be.

Fortunately, the caregivers I have now are doing a pretty good job with being on time and getting my needs taken care of.

Randy Oliver lives in Jackson, is a Partners in Policymaking graduate (98-99) and is a member of the Tennessee Council on Developmental Disabilities representing the Southwest Development District

SAVE THE DATE**7TH ANNUAL TENNESSEE DISABILITY MEGAConference****May 28 & 29, 2009 | Nashville Airport Marriott****KEYNOTE SPEAKERS:****NORM KUNC****MICHAEL HINGSON****ALSO FEATURING:****DOHN HOYLE****THOMAS POMERANZ****EDDIE TUDURI****DR. CARLTON HORBELT***Plus educational and interactive workshops, exhibits & evening activities*

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AGING AND DISABILITY RESOURCES

COMPILED BY COURTNEY TAYLOR

The following resources are

intended to assist individuals, families and service providers as they seek information on issues related to aging and disabilities. The list is selective. It contains both state and national resources.

Tennessee Disability Pathfinder's database contains a number of resources that will be helpful, including sections on "Aging and Disability Medicaid Waiver Programs" and "Senior Citizens Services". To view these and other relevant listings, visit: www.familypathfinder.org. Click on the icon "Search the Pathfinder Database for TN Services" and browse by "Service".

Disability Resources is a nonprofit organization established to promote and improve awareness, availability and accessibility of information that can help people with disabilities live, learn, love, work and play independently. The site provides links to a number of resources on aging and disability-related issues. www.disabilityresources.org/AGING.html

The **Healthy Aging Program** serves as the focal point for older adult health at the Centers for Disease Control and Prevention (CDC). It establishes programs, develops innovative tools and provides a comprehensive approach to helping older adults live longer, high-quality, productive and independent lives. www.cdc.gov/aging/

The **Medicare** Web site offers a service called "Nursing Home Compare", which provides quality ratings for each of the nation's 16,000 Medicare- or Medicaid-certified nursing homes. Each facility is rated from a low of one star to a high of five stars based on three critical areas: health inspection results, quality measures and staffing levels. An overall rating is provided also. The site provides a guide on questions to ask when selecting a nursing home and a checklist. www.medicare.gov/

The **National Council on Aging** is a nonprofit service and advocacy organization headquartered in Washington, DC. It serves as a national voice for older adults—especially those who are vulnerable—and the community organizations that serve them. Working with thousands of organizations across the country, its activities help seniors find jobs and benefits, improve their health, live independently and remain active in their communities. www.ncoa.org/

NIHSeniorHealth is an easy-to-use Web site that features health and wellness information for older adults from the National Institutes of Health. Use the buttons at the top of each page to make the text bigger, change text color or hear the text read aloud. <http://nihseniorhealth.gov/>

The Office of Disability, Aging and Long-Term Care Policy

is responsible for the development of financing and service organization/delivery policy—including planning, policy and budget analysis, review of regulations and formulation of legislation—and for the development and coordination of research and evaluation on issues related to disability, aging and long-term care policy. http://aspe.hhs.gov/_/office_specific/daltcp.cfm

The **Tennessee Commission on Aging and Disability** Web site has a "forms and publications" page that contains information on the Qualified Income Trust (QIT), also known as the "Miller" trust. A QIT is a special legal arrangement for managing income. It is an option for individuals who are concerned that they have too much income to get Home and Community-Based services through the Medicaid waiver. For more information on the QIT, visit: <http://state.tn.us/comaging/publication.html> and scroll down to the "Long Term Care" section.

END OF LIFE PLANNING

Thinking Ahead: "My Life, My Choice, My Life at the End" Workbook and DVD

The California Coalition for Compassionate Care created a workbook and DVD designed specifically by and for people with developmental disabilities that enables them to make their own decisions regarding healthcare treatment and related decisions at the end of life. The materials contain words, symbols and pictures that facilitate discussion with and decision-making by persons with developmental disabilities regarding their values, goals and treatment preferences at the end of life. The DVD serves as a simple instruction manual, containing vignettes that illustrate in simple, graphic format the purpose and use of the materials. The Thinking Ahead workbook is available in English, Spanish and Chinese. All versions are available at no cost. www.finalchoices.org/projects-thinking_ahead.html

People Planning Ahead: A Guide to Communicating Healthcare and End of Life Wishes (Through Person Centered Planning)

provides a comprehensive and structured way to ensure that loved ones receive care that respects their wishes and conforms to their personal, cultural and religious beliefs during times of chronic and terminal illness or severe disability. An accompanying CD-ROM contains electronic forms from the manual. <https://bookstore.aaid.org/index.aspx>

SURVEYS AND STUDIES

The **AGing Integrated Database (AGID)** is an on-line query system that provides dynamic access to performance results, surveys and other data files related to federal Administration on Aging (AoA) programs. The system allows users to produce customized tables in

a step-by-step process and output the results in print or spreadsheet form. Results can be refined by geographic location or demographic stratifiers as needed. <http://198.136.163.234/default.asp>

The Economic Crisis and its Impact on State Aging Programs

In the 2009 fiscal year, 27 states expect budget shortfalls at the same time that Medicaid Home and Community Based Services and other services administered by State Units on Aging nationwide

experience increased demand. The National Association of State Units on Aging surveyed 44 states and the District of Columbia about their strategies for coping with this situation. This document reports the results of the survey.

www.hcbs.org/files/150/7483/Economic_Survey_Report.pdf

Courtney Taylor is associate director of Communications and Dissemination at Vanderbilt Kennedy Center

THE TENNESSEE AGING NETWORK

BY ERNESTINE BOWERS

Until March 14, 2008, Robert and Margaret Gilfillan never thought at

this stage in their lives they would be the primary caregivers of their 51-year-old son. Their lives took an unexpected turn when Kenneth Gilfillan fell from a building in Atlanta, Georgia, as he worked as a roofing inspector. Kenneth sustained traumatic brain and spinal cord injuries.

After hospitalization, the family remained with their son for several months during his rehabilitation and was able to re-structure their home to accommodate the equipment and medical supplies needed to care for their son in Tennessee. Although Kenneth receives physical, occupational and speech therapies, Margaret, at 75 years of age and with multiple health conditions of her own, is the primary caregiver for her son, who requires total care with all activities of daily living. Margaret states that a simple bath is a major undertaking for her, which is causing further complications in her health status.

The Gilfillan family sought assistance from various community agencies, but were told they were not eligible. It was not until they made contact with the Greater Nashville Regional Council (GNRC) Area Agency on Aging & Disability that they were able to receive assistance through the National Family Caregiver Support Program. When the Service Coordinator from the agency arrived to conduct the initial visit, Margaret came to the door drenched in water after having just completed bathing and dressing her son.

As a result of the support program, the Gilfillan family has received Respite Services since November, 2008. Margaret states, "If it wasn't for the assistance I receive through the Area Agency, I don't know what I would do without the help." The home care worker provides assistance with homemaking tasks, which relieves Margaret, who is very involved in all of Kenneth's therapies. She states, "The house would be a mess...she's a real Godsend." In addition to the homemaking tasks, the home care worker assists with Kenneth's personal care needs, as well as playing cards and board games to assist with cognitive stimulation. This allows Margaret the opportunity to run errands and, most of all, take a break from her care-giving duties.

Providing respite to older caregivers and other persons with disabilities is only one of the services being provided through the Tennessee Aging Network, which consist of the Tennessee Commission on Aging and Disability and the nine Area Agencies on Aging & Disability in Tennessee. Area Agencies on Aging, which number over 650 nationwide, were first created by Congress in 1973 as a result of the re-authorization of the Older Americans Act of 1965 and are responsible for planning and coordinating an array of services for older persons at the local level.

The Older Americans Act was created to help older persons maintain their independence in their homes and community with appropriate supportive services. Under this legislation, funding was designated to serve persons 60 years of age and older, with limited opportunities to assist persons under the age of 60. When the Act was reauthorized in 2000, it included a new program called the National Family Caregivers Support Program to help not only family members caring for older loved ones who were ill or disabled, but also those older individuals who were relative caregivers of children under 18.

In the year 2000, the State of Tennessee also recognized the need to provide more home and community based services for its citizens and funded the OPTIONS for Community Living Program, which provides homemaking, personal care and home delivered meals for persons 18 years of age and older with physical disabilities. In 2004, the Statewide Waiver was implemented, providing a broader array of services to assist persons 21 years of age and older who were financially and functionally eligible. Both of these programs are administered by the Tennessee Commission on Aging and Disability and the nine Area Agencies on Aging & Disabilities and cover all 95 counties in Tennessee.

If you are interested in getting more information on any of the programs through the aging network, please call the toll-free number: 1-866-836-6678.

Ernestine Bowers is executive director of the Greater Nashville Regional Council (GNRC) Area Agency on Aging & Disability and a member of the Council on Developmental Disabilities representing the Mid-Cumberland Development District.

THE FUTURE IS NOW

BY GINA LYNETTE

John and Cara are pretty typical parents. They wake up early and get their daughters, Bailey, 7, and Nora, 11, ready for school before heading to work. They take turns rushing from work to school to the girls' myriad after-school activities. Both girls are busy with gymnastics and homework and birthday parties. Both girls also experience life with autism. "When I try to explain our lives—the girls' diets and the IEP [Individualized Education Plan] meetings and all of the other activities on our calendar—it does start to sound like a lot," explains Cara, "but we just take it one day at a time." When asked his plan for his daughters' care beyond high school, John sort of chuckles and responds, "I'll just have to outlive them."

DELAYING THE INEVITABLE

John's response is hardly unusual. Most families put off futures planning until, well, the future for a number of reasons—the reality of being busy caring for their children, lack of awareness of the downsides of not making their wishes known, feeling overwhelmed at the thought of organizing the needed information, and fear of the cost of hiring professional planners among them.

While the consequences of dying without a will or an estate plan are difficult on any family, the costs to the remaining members of a family supporting someone with a disability are potentially devastating. Without a well-designed estate plan, siblings can be disinherited, the child with a disability can lose access to public supports, and a lifetime of learning what works and doesn't work with this individual can disappear. Even if a parent does manage to live a very long time, the potential for acquiring an age-related disability is very real. A thorough plan will anticipate the needs of both generations as the parents age and are no longer physically able to offer full-time care to their child.

As with any project, breaking the planning process down into manageable portions can ease fears and get everyone on the path to peace of mind.

GETTING STARTED

The first step in planning for the long-term care of a family member with a disability is recognizing that a plan is necessary. Take a moment and imagine that the primary caregivers are whisked away for a week-long vacation where cell phones and e-mail are not an option. What information would the folks taking over need to have in order for everyone to have a good week? Could they figure it all out on their own—with minimal disruption to the routines that make a day go well—or would a list of instructions really help keep life going smoothly? If a caregiver can't disappear for a

week without leaving behind chaos, it is likely time for them to get moving on some steps toward putting together a long-term plan.

GATHER YOUR CIRCLE

An early step in creating a plan involves taking an inventory of everyone who has an interest in the person or family. Other members of the family, such as siblings, are often—and sometimes unfairly—tapped first. Are there church members, favorite teachers, friends, neighbors or other folks in the community who have an interest in seeing this person thrive? Start a list of these people and seek out others. Smart folks like John McKnight have taught us that when an individual is part of a community, he is more likely to be appreciated for his gifts rather than viewed solely as someone with a list of needs.

DREAM A LITTLE DREAM

The next step in futures planning can be the most fun, but often the most difficult for families mired in the daily routine of life—dreaming. While it may be difficult to imagine what the options and possibilities are some 10, 20 or 50 years down the road, this is exactly what a family must do before they set out to put supports in place. There are formal tools for capturing these ideas—PATH Planning provided through a statewide volunteer network is one method and using some of the tools provided for free on www.helensandersonassociates.co.uk is another—but gathering the individual, the family and the folks who care around the kitchen table with paper and pen is a wonderful way to look ahead. The goal is to identify what the future might look like, how the person would like to spend her days, and what sorts of supports she might need to accomplish that.

LETTERS OF INTENT

Once the family has a pretty good idea what they hope will happen when they are no longer available or able to support the individual, it's time to draw up a letter of intent. Letters of intent are not legally binding, but they can offer valuable information to the people charged with carrying out the plans. There are templates available, many are free, but they typically include comprehensive information such as medical and educational history, recreational and living preferences, a glossary of communication and behaviors demonstrated by the person, a list of emergency contacts, and details of any financial arrangements. A letter of intent should be designed as a "living document" so that as the person ages or situations change, it is continuously updated. It is also important that the location of the information is shared with folks who would need to access it should the author not be available.

TRUSTS AND WILLS

While there are many aspects of futures planning that a family can take on without spending a dime, setting up trusts and wills is one area where a professional eye will prevent the unraveling of the entire plan. Trusts can provide the financial resources to care for a loved one, but if that person will also require public supports, such as Social Security or Medicaid Waiver services, the trust must be written to protect eligibility for those programs. The language of the legal document that outlines what the funds in a Special Needs Trust can and cannot cover is crucial. It is also important that the family discuss the plans with anyone who might give or leave assets to the person named in the trust. One generous relative's gift can undo the whole plan and leave the person ineligible for a program that he is relying on for medical and other supports. A qualified disability and elder care attorney will help determine exactly what the family wants for their loved one and will draft the appropriate documents to help ensure those outcomes.

ADDITIONAL SUPPORTS

Beyond a good attorney, a family may gather a team of advisors to put together their formal plan. Depending upon the complexity of the plan and the family's resources, the team might include an attorney, a certified public accountant, a financial planner, a social worker, the caregivers and a community advocate. If the family is accessing public supports, there may be additional case management and support brokerage assistance available as well. Regardless of the make up of the team, the goal is to document the family's knowledge and wishes and to formally designate what happens if they are no longer available to provide support to their loved ones.

HAPPILY EVER AFTER

While they are still in the process of finalizing their plans, John, Cara, Nora and Bailey have gathered their circle, their documents and their advisory team. "It is amazing how much we know about the girls that no one else could know," explains Cara, "and it feels great to get it all down. But the bigger reward is learning that there is a whole network of people looking out for them."

John agrees. "We assumed that we would have to live forever—and I am still hoping to be around for a long time—but knowing that the girls will be loved and will be okay regardless of what happens to us is priceless."

Gina Lynette, a Partners in Policymaking graduate (03-04), guides and assists families in defining, planning and acquiring the individualized resources needed, especially when family members experience a disability or require specialized supports in order to live happy, successful and interdependent lives.

AGING FAMILY CAREGIVERS: NEEDS AND POLICY CONCERNS

The major trends affecting aging caregivers of adults with developmental disabilities are:

- Greater life expectancy of adults with developmental disabilities resulting in longer periods of family caregiving;
- Lack of family support options for families of adults;
- Insufficient funding for supports that help persons with developmental disabilities "age in place" as they experience age-related changes; and
- Waiting list crisis most acutely affecting aging caregivers who need to find housing supports for their relative.

To meet these challenges, future policies need to consider expanding supports to these families through:

- Expanding funding for family support from both the developmental disabilities and aging networks;
- Developing family support models that allow for consumer direction and that involve both the family caregivers and the adult with developmental disabilities;
- Passing legislation that provides personal assistance services, assistive technology and other accommodations that enable adults with disabilities to "age in place";
- Reducing waiting lists for residential services by funding more residential options and by aiding families in developing family-financed housing; and
- Helping families through the process of planning for the future of their relative through public information and training initiatives.

Source: Heller, T. Aging family caregivers: Needs and policy concerns. (2000 Winter). Family Support Policy Brief, National Center for Family Support, Human Services Research Institute, Tualatin, Oregon

TENNESSEE STATE FIRE MARSHAL USES TOOLS, COLLABORATION TO IMPROVE SAFETY ACROSS STATE

BY JEFF HUDDLESTON

Tennessee State Fire Marshal, Leslie Newman, hopes fire prevention

education and fire safety training can reduce residential fire deaths in the State. Tennessee ranks among the worst states in the country in the number of fire deaths and needs to do a better job in educating its citizens. To increase fire safety and prevention, the State Fire Marshal's Office sought and was awarded the U.S. Homeland Security Assistance to Firefighters Grant (AFG) in 2005. That grant funded an interactive CD-ROM, produced in both English and Spanish, called "Safe At Home: Fire Prevention & Home Safety in Tennessee". The program comes with presentation materials and a facilitator's guide.

"Safe at Home" is designed to reach specific at-risk audiences, including:

- People with disabilities and limitations;
- Senior citizens;
- Young adults with children;
- Kindergarteners to fifth-graders; and
- Pre-kindergarten-aged children

Topics range from tips on safely using alternative heating sources to developing an escape plan and what to do in the event of a fire in the home. For three years, this program has been presented at no cost across Tennessee.

The State Fire Marshal's Office is working with the State Department of Health – EMS Division and the Council on Injury Prevention and Control to provide fire prevention and safety education through the Older Adult Safety Instructional Series (OASIS).

The OASIS safety education program topics include:

- Fire Safety and Prevention
- Fall Prevention
- Motor Vehicle Safety
- Poison Prevention
- Disaster Preparedness

Support for the program will come from businesses and organizations in the participating 15 counties (Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry, Sullivan and Wayne). Health council members and community volunteers are assisting with the implementation and evaluation efforts. The program aims to provide resources for healthy aging and to urge participants to make informed decisions regarding their safety, as well as that of their loved ones. One goal of the program is to enhance the quality of life for older adults by enabling them to remain independent longer.

For more information, contact Tennessee Fire Prevention Education Officer, Jeff Huddleston, in the State Fire Marshal's Office at 615-969-0934.

SURVEY ON INCLUSION IN RELIGIOUS AND SPIRITUAL COMMUNITIES

*Surveys should
be completed by
4/30/09*

Help us learn more about how easy or challenging it is to fully include individuals with disabilities in religious and spiritual communities

If you are an individual with a disability, a family member of a person with a disability, a religious or spiritual leader, or a member of a religious or spiritual community, please participate in this anonymous survey.

THIS SURVEY COLLECTS INFORMATION ABOUT:

- **You and your relationship with your religious/spiritual community**
- **Your community's practice including people with disabilities**
- **Barriers to participation in your religious/spiritual community**

All your answers are private and the survey only takes 20 minutes to complete online. Paper surveys are also available. To receive a paper copy contact:
courtney.taylor@vanderbilt.edu
or call **(615) 322-5658, (866) 936-8852**

The online version of the survey is available at: **<http://tinyurl.com/DRSsurvey>**

INVITING YOU TO CONTRIBUTE TO OUR SPECIAL ANNUAL ISSUE OF *BREAKING GROUND* DEVOTED TO THE ARTS

Do you write short stories or poetry?

Do you paint, draw or take pictures?

Then we'd like to see your work for possible publication!



The editor will consider:

- Fiction, up to 1,000 words, and poems, whether traditional or modern.
- Photos and all other forms of artwork.

Our color pages are limited, so the submitted material must reproduce well in black-and-white.

ALL ENTRIES MUST BE SUBMITTED BY JUNE 15, 2009

Content is devoted to materials by or about persons with disabilities.

We'll give contributors a prominent by-line, a biographical note and copies of the issue.

Please include your name, hometown, complete contact information and a two- or three-sentence biography with your submission.

Send your submissions to:

Ned Andrew Solomon / Managing Editor, *Breaking Ground*

Tennessee Council on Developmental Disabilities

Parkway Towers, Suite 130 / 404 James Robertson Parkway / Nashville, Tennessee 37243-0228

ned.solomon@tn.gov

.....

Questions? Call 615-532-6556

BY CAROLE MOORE-SLATER

Finding services for adults with physical disabilities and senior citizens is often as challenging as identifying resources for anyone who has a disability in Tennessee. However, the nine regional Area Agency on Aging & Disability (AAA&D) offices around the State are very helpful in identifying local services for these individuals. Each office provides specialty information and referral services for their regional area and can assist individuals with applications for the Aging Medicaid Waiver and Options Program. A few of the services offered by AAA&D are listed below.

STATEWIDE WAIVER, HOME & COMMUNITY BASED SERVICES

This program provides in-home services for individuals who qualify for nursing home care under Medicaid. For more information call toll free 1-866-836-6678.

Eligible persons must:

- Live in Tennessee;
- Be 65 years of age and older, OR be an adult over 21 years of age with a physical disability;
- Receive SSI payments or qualify for Medicaid through the local Department of Human Services;
- Need the level of care received in a nursing home;
- Must be able to safely and effectively meet client's needs at home; and
- The total cost of care at home can't be more than nursing home care.

Services available through the Medicaid Waiver program include:

- Adult Day Care
- Case Management
- Homemaker Services
- Personal Care Services

- Personal Care Attendant
- Minor Home Modifications
- Personal Emergency Response Systems
- Home-Delivered Meals
- Institutional & In-Home Respite Care
- Assisted Living (*Medicaid does not pay for room and board, only personal assistance provided.)
- Assistive Technology for daily living activities

OPTIONS FOR COMMUNITY LIVING PROGRAM

This program is designed to assist individuals with functional limitations, but not quite eligible for nursing home placement, to remain independent at home through the provision of a variety of in-home services. There is often a waiting list. For more information, call toll free 1-866-836-6678.

Eligible persons must:

- Be a resident of the State of Tennessee;
- Must be 18 years of age or older;
- Must have a physical disability; and
- Must have limitations in Activities of Daily Living such as bathing, dressing, eating, mobility, communications and other challenges that would limit an individual's ability to live at home safely.

Services Available:

- Homemaker Services—Consumers may receive assistance with general household chores such as sweeping, mopping, dusting, making the bed, washing dishes, personal laundry, etc.
- Personal Care Services—Consumers may receive assistance with activities of daily living and related essential household tasks, and other activities that enable the consumer to remain in the home.
- Home-Delivered Meals

FULL THE PROMISE UPDATE

BY WILLIAM EDINGTON

Although developmental disability is a term often mistakenly equated with mental retardation, it actually is a broader term that encompasses many types of disabilities that affect a person's physical or intellectual functioning capacity. Developmental disability may include, but is not limited to, autism, cerebral palsy, mental retardation, cystic fibrosis, spina bifida, traumatic brain injury, spinal cord injury and other conditions occurring before age 22 that result in significant deficits in functioning in such daily living activities as eating, dressing, grooming, bathing, toileting, etc.

While appropriate services can assist persons with a developmental disability in living productive and fulfilling lives in their own homes and communities, in Tennessee these comprehensive home and community based services are available only for persons who have mental retardation, or for adults who have a severe physical disability.

These comprehensive services are not available for children with any type of developmental disability other than mental retardation, or for adults with a developmental disability that is not due to having a severe physical limitation.

During the 2008 session of the Tennessee General Assembly, Senate bill 2651 and House bill 2569 were introduced in an effort to obtain funding for two programs needed by so many people. These bills would have added \$1,000,000 to the Family Support Program and would have provided \$1,350,000 to create a new community service, the Personal Support Program. Through the valiant efforts of many advocates across the State, 72 of Tennessee's 132 legislators signed on as co-sponsors of the two bills. Even with this level of legislative support, the bills encountered the State's declining fiscal outlook and were not passed.

The following is a list of Area Agency on Aging & Disability offices from Disability Pathfinder's database.

Aging Commission of the Mid-South, Memphis

www.agingcommission.org • (901) 324-3399

Area Agency on Aging & Disability, NW TN District

(731) 587-4213

Area Agency on Aging & Disability, East TN District

www.ethra.org • (865) 251-4897

Area Agency on Aging & Disability, First TN District

www.ftaad.org • (423) 928-0224

Area Agency on Aging & Disability, Greater Nashville Area

www.gnrcaaad.org • (615) 255-1010

Area Agency on Aging & Disability, South Central District

www.sctdd.org • (931) 490-5900

Area Agency on Aging & Disability, Southeast TN District

www.setaad.org • (423) 424-4256

Area Agency on Aging & Disability, Southwest TN District

www.swtdd.org • (731) 668-6403

Area Agency on Aging & Disability, Upper Cumberland District

www.ucdd.org • (931) 432-4111

Tennessee Disability Pathfinder is a statewide bilingual information resource for individuals with disabilities of all ages. Programs include a statewide bilingual HELPLine, on-line database of community services updated daily, Hispanic Outreach Project includes Camino Seguro database of bilingual providers in Middle and West Tennessee, community training project on disability topics, including accessibility training in area college classrooms. For further information or assistance please contact Pathfinder at:

615.322.8529 or 800.6404636

tnpathfinder@vanderbilt.edu

www.familypathfinder.org

www.caminoseguro.org

www.accessnashvilleonline.org

Carole Moore-Slater is director of Tennessee Disability Pathfinder

**FOR FURTHER
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**Tennessee Disability
Pathfinder**

English & Español

(615) 322-8529

(800) 640-4636

TTY/TDD users:
please dial 711 for
free relay service

www.familypathfinder.org

tnpathfinder@vanderbilt.edu

Tennessee Disability Pathfinder has phone, Web and print resources in English and Spanish to connect the Tennessee disability community with service providers. Referral services, free of cost, are provided to persons with disabilities, family members, service providers and advocates. Pathfinder is a joint project of the **TENNESSEE COUNCIL ON DEVELOPMENTAL DISABILITIES** and the **VANDERBILT KENNEDY CENTER FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES**.

Tennessee and the nation continue to struggle with an economy in recession. Awareness of this financial crisis resulted in the acknowledgement that obtaining funding for these programs in 2009 is highly unlikely. However, we must continue our efforts to educate our legislators regarding the need for home and community based services for people with developmental disabilities.

Each person in Tennessee is represented by elected officials who have the responsibility to listen to the needs of their constituents and to address those needs in the most resourceful manner possible. Many of our legislators are not aware of the significant problems faced by families of persons with developmental disabilities. Our efforts this year will help us to build support for funding when the State's financial picture has improved. The Fulfill the Promise campaign has worked with Senator Jim Tracy and Representative Charles Curtiss to introduce resolutions in both the State Senate and House of Representatives that

we can use to bring attention to the issue.

The single most effective way to convey our message is for people across the State to make a personal appointment with the individual legislators who represent them. Tell your story simply and directly. This is the goal of the Fulfill the Promise initiative, to connect Tennesseans with their legislators who have the power to implement positive change. If you cannot meet with your legislators, send them an e-mail or give them a call. Please ask them to support Senate Joint Resolution 72 and House Joint Resolution 139. If they tell you that they support the resolution, ask them if they will become a co-sponsor.

Persons interested in getting involved in the Fulfill the Promise campaign can sign up at www.FulfillthePromise.org

William Edington is public policy director for the Tennessee Council on Developmental Disabilities

TENNESSEE SPOTLIGHT

Partners 04-05 graduate **Kelly Sanders** recently was appointed by Governor Bredeson to serve a two-year term on the Traumatic Brain Injury Advisory Council. Ms. Sanders, who lives in Pleasant View, survived a brain injury in 1997.

❶ If you've been keeping up with the **The Chattanooga Speeders** (highlighted previously in *Breaking Ground*), you'll be pleased to know they won the Eastern Regional Championship for the second consecutive year.

❷ YLF 2008 graduate **Eleanor Wolfe** has been hitting the speaking trail! At the January **Council on Developmental Disabilities** meeting, Ms. Wolfe gave a presentation on her experiences with the Council's **Youth Leadership Forum**, and her own work in developing and organizing a disability sensitivity and awareness project at **Farragut High School** in Knoxville, with support from the **Aspire** high school leadership program through **Volunteer Tennessee**.

In early March, Ms. Wolfe gave a similar presentation at War Memorial Plaza in Nashville for **Children's Advocacy Days** and received a standing ovation at the conclusion. Conference organizer, **Richard Kennedy**, reported that Ms. Wolfe received the highest ratings of all the presentations they had this year.

Jawanda Mast, Partners 04-05 graduate, and her family recently relocated to the Kansas City, Kansas, area. She has been elected to the board of the **Down Syndrome Guild of Greater Kansas City** and is serving as the Public Awareness Chair. Ms. Mast also served on the **2009 Down Syndrome Affiliates in Action Planning Committee** and recently attended the meeting in Washington, D.C. While in D.C., over 300 advocates for Down syndrome awareness visited elected officials on Capitol Hill. Ms. Mast was among the contingent to meet with **Senator Sam Brownback**, who co-sponsored, with **Senator Ted Kennedy**, the **Prenatally and Postnatally Diagnosed Conditions Awareness Act**.

Company d will be hitting the silver screen! A New York film producer, **Peter Barton**, has been filming a documentary of Company d over the last year. The finished project recently was submitted to the **International Film Festival** and was accepted. The film will premier in Memphis, April 22-24 at the **Malco Ridgeway**.

Partners 03-04 graduate **Gina Lynette** was chosen by the **National Association of Childcare Resource and Referral Agencies (NACCRRA)** to represent Tennessee families at their **National Policy Symposium** in Washington, D.C., in March. Ms. Lynette, the mother of two children with autism, emphasized the need for access to quality,

affordable childcare options for all families—especially those whose children have disabilities—in her conversations with policymakers.

"We are extremely pleased to have parents such as Gina Lynette attend NACCRRA's Policy Symposium," said **Linda K. Smith**, executive director of NACCRRA. "By attending the Symposium and voicing her child care concerns to policymakers, she is primed to effect change and improve the quality of care that Tennessee's children receive."

❸ **Conrad Meese**, son of Partners 03-04 graduate **Kimberly Meese**, has been taking the art world by storm. First, his art work was selected for the **Fine Arts Festival** in the **Wooster City Schools** district in Ohio, where the Meese family now resides. Last August, Mr. Meese received a letter from the Superintendent saying his piece was selected from that show to be on display in the District Office. In December, the same piece was entered into a state competition in Columbus and was selected, and later bestowed an art award through Ohio's **VSA (Very Special Arts)** program. In February, Mr. Meese received his award at the **Sights and Sounds of the Arts Festival 2009**. Mr. Meese's award-winning artwork will be included in a tour of several art centers throughout Ohio.

Kareem Dale, a 1991 graduate of the **Tennessee School for the Blind** in Donelson, has been appointed as **Special Assistant to the President for Disability Policy**. Mr. Dale graduated from the **University of Illinois at Urbana-Champaign (UIUC)** with a Bachelor's degree in advertising in May, 1995. He received his JD/MBA in May, 1999, from UIUC, graduating Cum Laude. While attending law school, Mr. Dale also was active in community service, including serving as president of two organizations, the **Black Law Students' Association** and **Open Forum**.

❹ YLF 2008 graduate **Michele Adams** recently was chosen as "**Miss All That**" during a fundraising event for the **Spring Hill High School** cheerleaders. The event, coordinated by **Cheerleading Coach Napier**, allowed the cheerleaders to compete to raise the most money for purchasing items for pep rallies and Spring Hill's **Cool Schools** program. A total of \$653 was raised and the first place winner, Ms. Adams, received a crown, a t-shirt that said "Miss All That" and \$100.00. "As a senior and this being my last year in high school, I felt like it was my last chance to do something for the community and my school before I walked in graduation," said Ms. Adams. "It has made my senior year the best. I do want to thank all my friends and family for helping me! Don't think I would have gotten anywhere if it wasn't for them."

❺ At the January **Council on Developmental Disabilities** meeting, three Council staff members were recognized for their long



1. Back row L to R: Coach Russell Crump, Assistant Coach Mike Watkins, Front row L to R: Rusty Crump, Rick Davis, Cameron Watkins, Tony Womac; 2. Eleanor Wolfe; 3. Conrad Meese; 4. Michele Adams (middle); 5. L to R: Joyce Sievers, Wanda Willis, Errol Elshaint, Alicia Cone, JoEllen Fowler

years of service. **Errol Elshaint**, Council director of development, was honored for 15 years of service; **Alicia Cone, PhD**, the Council's coordinator of project research and development, was honored for 10 years of service; and **JoEllen Fowler**, the Council's administrative assistant, was recognized for five years of service.

Council director of development, **Errol Elshaint** and YLF graduate and current Partners participant, **Bryan Hilbert**, recently were appointed by **Governor Bredeson** to the **State Independent Living Council (SILC)**.

Breaking Ground Arts Issue readers should have noticed **Bernadette Resha's** beautiful painting, *Summer Radiance*, on the cover of last year's annual recognition of the arts in Tennessee. Ms. Resha continues to exhibit her work and receive accolades for her paintings. This past January, Ms. Resha exhibited at the **Hutchins Gallery at the Long Island University/C. W. Post Campus B. Davis Schwartz Library**. A world class educational facility with particular emphasis in creative expression, Long Island University's C. W. Post Campus hosted a **Special Art Exhibition** featuring Ms. Resha in its **"DOWNrightART" Exhibition**.

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